

ZERO DRAFT RESOLUTION NOTES WORKSHEET
OCTOBER 28 - 31

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GLOBAL MODEL WHO 2025

ZERO DRAFT RESOLUTION

FOSTERING SOCIAL CONNECTION FOR GLOBAL HEALTH

The Third Global Model World Health Assembly,

Having considered the report by the Director-General on fostering social connection for global health;

Recalling resolutions WHA70.15 on promoting mental health and well-being and WHA78.9 on fostering social connection for global health;

Recognizing that social connection—a sense of belonging, trust, and mutual support—is essential for individual and community health and resilience;

Concerned that loneliness and social isolation are rising worldwide, contributing to increased risks of depression, cardiovascular disease, dementia, and premature death;

Deeply concerned that loneliness is a global problem that affects 1 in 6 people worldwide, rates are highest among youth and low-income countries, causes 870,000 deaths per year and costs billions in healthcare, education and employment;

Acknowledging that the COVID-19 pandemic intensified social isolation, particularly among older adults, young people, and persons living alone;

Recognizing that digital platforms can connect people across distances, particularly for older adults, rural populations, and persons with disabilities but can also increase loneliness and polarization if misused; .

Emphasizing that strengthening social connection can improve mental and physical health outcomes, reduce health inequities, and foster community resilience;

Noting that promoting social connection aligns with WHO's Thirteenth General Programme of Work and the Sustainable Development Goals;

Welcoming WHO's recent call to action to foster social connection and the establishment of the Commission on Social Connection;

Recognizing that social connection is not only a public health issue but is shaped by how we learn, work, communicate, and the spaces we live in and that each sector has a role in strengthening community ties and preventing loneliness and isolation;

Determined to promote coordinated, multisectoral action to strengthen social ties as a foundation for global health and well-being,

¹ Document A77/25.

1. URGES Member States:

- (1) to develop national strategies and action plans that promote social connection and reduce loneliness and incorporate goals on social connection and well-being into education, labor, and digital technology policies;
- (2). to create national guidelines on addressing social isolation in health care;
- (3) to include social connection as a goal in urban and rural planning through the design of safe, and communal public spaces that are accessible for all ages and abilities and encourage social interaction;
- (4). to integrate measures of social connection into public health monitoring and policy evaluation;
- (5) to support community-based initiatives that bring people together through culture, education, and volunteerism;
- (6) to build capacity in mental health and primary care services by training health workers to identify and address loneliness and social isolation and expand access to counseling and outreach services;
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- (7) to invest in research on the health impacts of loneliness and on interventions that aim to address loneliness and social isolation in order to identify those that are most effective in having a positive impact on health;
- (8) to prioritize social connection as part of preparedness and recovery from emergencies;
- (9) to address structural barriers that prevent or limit social participation among marginalized groups that include economic, geographical, institutional, language and technology barriers;
- (10). to promote safe and inclusive online environments by establishing legal protections against cyberbullying and harassment that contribute to social isolation and poor mental health, particularly among adolescents;

(11) to develop national hotlines and counseling services for people who are victims of cyberbullying and online harassment;

2. CALLS UPON international, regional, and national partners, including digital platforms, telecom companies, NGOs, academia, architects and other relevant stakeholders in the private sector and the health sector:

(1) to collaborate with WHO and Member States in advancing the global agenda on social connection;

(2) to collaborate with local governments, planners, and architects on designing indoor and outdoor spaces that are accessible to all and encourage social interaction;

(3) to share evidence and best practices for reducing loneliness across cultural contexts to inform the development and implementation of policies and programmes on this issue;

(4) to mobilize funding and technical expertise for national and community-based initiatives that promote social connection;

(5) to promote healthy, inclusive workplaces that foster a sense of belonging;

(6) to include social connection in health promotion campaigns;

(7) to expand telehealth and outreach programs for rural or homebound individuals;

(8) to invest in research on how digital platforms affect social connection and well-being to guide the governance of digital technologies and the development of effective mental health programmes;

(9) to partner with technology companies to ensure that digital platforms promote positive social interaction and do not deepen isolation and to address the digital divide by expanding affordable internet access to allow more people who may be isolated because of where they live or for other reasons can connect;

(10) to work with schools at all educational levels to develop curricula that stresses the importance of being respectful to others when talking online;

3. REQUESTS the Director-General:

- (1) to continue leading WHO's work on social connection as a determinant of health;
- (2). to support Member States in developing national action plans on social connection;
- (3) to work with other UN agencies to integrate social connection into their agendas;
- (4) to share the findings of the Commission on Social Connection to all relevant stakeholders both within and outside the health sector.